

Bereskin & Parr

INTELLECTUAL PROPERTY LAW



November 24, 2005

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Your Reference: 10/786,004
Our Reference: 13210-16

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

The Commissioner for Patents
PO Box 1450
Alexandria, Virginia
U.S.A 22313-1450

Dear Sir:

Re: United States Patent Application No. 10/786,004
For: APPARATUS AND METHOD FOR PROCESSING WEB SERVICE
DESCRIPTIONS
Applicants: OWEN, Russell Norman et al.

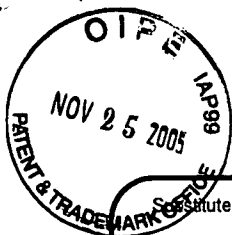
In accordance with 37 CFR 1.56 and 1.97, subject to the waiver of the requirements of 37 CFR 1.98(a)(2)(i) provided by the United States Patent and Trademark Office Notice dated August 5, 2003, applicant hereby submits a Supplemental Information Disclosure Statement including (1) a listing, on PTO form 1449, all patents and other publications of which the applicant is aware that may be considered material to the patentability of its claimed invention, and (2) a copy of the listed publication.

Please have these documents recorded against the above-mentioned application.

Respectfully submitted,

Kendrick Lo
Registration No. 54,948

/kb
Encl.



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INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)		Complete if Known	
		Application Number	10/786,004
		Filing Date	February 26, 2004
		First Named Inventor	OWEN, Russell Norman et al.
		Art Unit	2153
		Examiner Name	n/a
Sheet 1 of 1	Attorney Docket Number	13210-16/KL	

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
/M.G./	1	PCT Written Opinion for International Application No. PCT/GB2005/050026 dated April 26, 2005	
/M.G./	2	PCT International Search Report for International Application No. PCT/GB2005/050026 dated April 26, 2005	

Examiner Signature	/Muktesh Gupta/	Date Considered	10/10/2007
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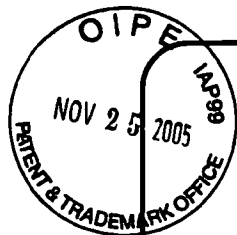
*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /M.G./



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/786,004
		Filing Date	February 26, 2004
		First Named Inventor	Russell Norman Owen
		Art Unit	2153
		Examiner Name	n/a
Total Number of Pages in This Submission		Attorney Docket Number	13210-16/KL

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt card; and copy of publication cited in IDS.
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Bereskin & Parr		
Signature			
Printed Name	Kendrick Lo,		
Date	November 24, 2005	Reg. No.	54,948

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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